

SERIAL NUMBER 09/444,507	FILING DATE 11/22/99	CLASS 705	GROUP ART UNIT 2768	ATTORNEY DOCKET NO. VPR-001US
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APPLICANT	ANDREW L. DIRIENZO, ELIZAVILLE, NY.
	<p>**CONTINUING DOMESTIC DATA***** VERIFIED PROVISIONAL APPLICATION NO. 60/109,453 11/23/98</p> <p>_____</p> <p>**371 (NAT'L STAGE) DATA***** VERIFIED</p> <p>_____</p>
	<p>**FOREIGN APPLICATIONS***** VERIFIED</p> <p>_____</p>
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/15/99 ** SMALL ENTITY **	

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 14	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 4
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS	WESTERLUND & POWELL PC 122 N ALFRED STREET ALEXANDRIA VA 22314-3011

TITLE	METHOD OF COORDINATING MAINTENANCE OF VITAL PATIENT DATA AND SOFTWARE THEREFOR

FILING FEE RECEIVED \$419	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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WASHINGTON, D.C. 20231
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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 8746

SERIAL NUMBER 09/444,507	FILING DATE 11/22/1999 RULE	CLASS 705	GROUP ART UNIT 2166	ATTORNEY DOCKET NO. VPR-001US
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APPLICANTS

ANDREW L. DIRIENZO, ELIZAVILLE, NY;

** CONTINUING DATA *****

THIS APPLN CLAIMS BENEFIT OF 60/109,453 11/23/1998

CB

verified

** FOREIGN APPLICATIONS *****

CB

none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 12/15/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>David Black</i> Initials <i>CB</i>	NY	14	18	4

ADDRESS

WESTERLUND & POWELL PC
122 N ALFRED STREET
ALEXANDRIA, VA
223143011

TITLE

METHOD OF COORDINATING MAINTENANCE OF VITAL PATIENT DATA AND SOFTWARE THEREFOR

FILING FEE RECEIVED 419	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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CONFIRMATION NO. 8746

SERIAL NUMBER 09/444,507	FILING OR 371(c) DATE 11/22/1999 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. VPR-001US	
APPLICANTS ANDREW L. DIRIENZO, ELIZAVILLE, NY; ** CONTINUING DATA ***** This appln claims benefit of 60/109,453 11/23/1998 ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 12/15/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY NY	SHEETS DRAWING 14	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 4
ADDRESS 37119					
TITLE METHOD OF COORDINATING MAINTENANCE OF VITAL PATIENT DATA AND SOFTWARE THEREFOR					
FILING FEE RECEIVED 503	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____		